		AF	215
· · · · · · · · · · · · · · · · · · ·		Application No.:	10/017,304
TRANSMIT	ΓAL	Filing Date:	December 11, 2001
FORM		First Named Inventor:	Yao Wang
SIPE 4		Confirmation No.:	
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		Group Art Unit	2143
NOV 2 8 2005 B		Examiner:	England, David E.
NOV.		Customer No.	24227
Potal Number of Pages in this Su	bmission: 18	Docket No.	EMC-01-201
	ENCLOS	URES (check all that app	ly)
Authorization for the Commissioner to charge Deposit Account No. 05-0 for fees associated with the transaction (in duplicate)  Amendment/Response After Final Affidavits/Decl.  Extension of Time Request Months  Information Disclosure Statement  Request for Continued Examination Transmittal  Response to Missing Parts/Incomplete Applicat	Recombins Decombins Decomb	ignment ordation Cover Sheet claration/Power of Attorney by of Notice to File Missing is of Nonprovisional olication occation of Power of orney mal Drawings ter to Official Draftsperson in three (3) sheets of ined changes to drawings by of PTO 948, "Notice of ftsperson's Patent Review" ociate Power of Attorney	<ul> <li>□ Petition for Revival of an Unintentionally Abandoned Application [37 CRF 1.137(b)] (in duplicate)</li> <li>□ Form PTOL-85B, Part B -Issue Fee Payment Transmittal," (in duplicate)</li> <li>□ Express Abandonment Request</li> <li>□ Terminal Disclaimer</li> <li>□ Status Inquiry</li> <li>□ Certificate of First Class Mailing</li> <li>□ Certificate of Express Mail Mailing</li> <li>□ Postcard</li> </ul>
Certified Copy of Priority Document(s)		litional Enclosures: Support	t materials ((2pages)
SIG	NATURE OF A	PPLICANT, ATTORNEY	OR AGENT
11/25/05		Col X Z	$\mathscr{Y}$
Date Tel: (914) 798-8505	EM Off 44	rl A. Giordano, Esq. (Reg IC Corporation fice of the General Counse S. Broadway, 7 <sup>th</sup> flr. hite Plains, NY 10601	
CERTI	FICATE OF MA	ILING OR TRANSMISSI	ON [37 CFR 1.8]
I hereby certify that this correspond	ondence and the ab	pove-referenced enclosures a	are being:
mail in an envelope add VA 22313-1450.  Transmitted by facsimile (703)	ressed to: Mail St		low with sufficient postage as first class for Patents, P.O. Box 1450, Alexandria, rademark Office at
11/25/05  Date	Sig	nature A	X
_ ····	Car	I A. Giordano  ped or printed name of person	on signing certificate

PTO/SB/17 (12-04v2)

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FEE TRANSMITTAL For FY 2005  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  Check   Credit Card   Money Order   None   Other (please identify):   Deposit Account Deposit Account Number_05-0889   Deposit Account Name: EMC Corporation  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge any additional fee(e) or underpayments of fee(e)   Credit any overpayments  WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card information and authorization on PTO-4338.  FILING FEES  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  FILING FEES  FILING FEES  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  FILING FEES  FEE CALCULATION  2. EXCESS CLAIM FEES  FEE CALCULATION  2. EXCESS CLAIM FEES  FEE OBSECTION  FEE (\$) FEE	Effective v 12/08/2004. Fees pursuant to the BARE bed Appropriations Act, 2005 (H.R. 4818).			Complete if Known					
FIRST Named Inventor				Application Nur	lumber 10/017,304				
Applicant claims small entity status. See 37 CFR 1.27   TOTAL AMOUNT OF PAYMENT (\$) 0.00   Ant Unit   2143   Attorney Docket No.   EMC-010201	·			Filing Date	De	ecember 11, 20	001		
Art Unit 2143  Art Un	For FY 2005		First Named Inventor Yao W		o Wang	ang			
At the thick provided in the provided control of the p	Applicant eleigne arrell entity status. Cap 27 CED 1 27		Examiner Name Eng		ngland, David E.				
Check		-	-	1.27	Art Unit 2143		43		
Check Credit Card Money Order None Other (please identify):    Deposit Account Deposit Account Number: 05-0889 Deposit Account Name: EMC Corporation For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filling fee with the provided of the content of	TOTAL AMOUNT O	FPAYMENT	(\$)	0.00	Attorney Docke	t No. EN	ИС-010201		
Deposit Account   Deposit Account Number: 05-0889   Deposit Account Name   EMC Corporation	METHOD OF PAYMENT (check all that apply)								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee  Application on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2838.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES SMAIL Entity Application Type Fee (\$)	Check Credit Card Money Order None Other (please identify):								
Charge fee(s) Indicated below  Charge fee(s) Indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  WARNING: Irrormation on this form may become public. Credit card Information should not be included on this form. Provide credit card Information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  Small Entity  Application Type  Fee (\$) Fee									
Charge any additional fee(s) or underpayments of fee(s)	For the above	-identified dep	osit account, the	Director is he	reby authorized to	o: (check all	that apply)		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.    FEE CALCULATION	Charge	e fee(s) indicate	ed below		Charg	ge fee(s) ind	dicated below, e	xcept for the filing fee	
MARNING: information on this form may become public. Credit card information and suthorization on PTO-2038.	Charge	any additiona	l fee(s) or under	payments of fe	e(s) Credi	it any overpa	ayments		
Part	WARNING: Information	on this form m	ay become public	. Credit card in	formation should r	not be includ	ed on this form. I	Provide credit card	
Second   Search   S			2038.						
Application Type			NE EXAMINA	TION FEEO					
Application Type	1. BASIC FILING,				RCH FEES	EXAMIN	IATION FEES		
Utility 300 150 500 250 200 100  Design 200 100 100 50 130 65  Plant 200 100 300 150 160 80  Reissue 300 150 500 250 600 300  Provisional 200 100 0 0 0 0 0 0  Provisional 200 100 0 0 0 0 0 0  2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claims over 3 (including Reissues)  Multiple dependent claims  Total Claims  Total Claims  Fee (\$) Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$) Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof.  Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof.  Fee (\$) Fee Paid (\$)  Fees Paid (\$)	Application Type	Fee (	<u> </u>		Small Entity		<b>Small Entity</b>		
Design   200   100   100   50   130   65								recording (a)	
Plant   200   100   300   150   160   80	•								
Reissue 300 150 500 250 600 300  Provisional 200 100 0 0 0 0 0  2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claims over 3 (including Reissues)  Multiple dependent claims  Total Claims  Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Fee (\$) Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  - 100 = /50 = (round up to a whole number) x = Fee Paid (\$)  Fees Paid (\$)	•							-	
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2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims HP = highest number of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets - 100 =									
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Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  - 100 = /50 = (round up to a whole number) x = Fee Paid (\$)  Fees Paid (\$)  Fees Paid (\$)  Fees Paid (\$)  Other (e.g., late filing surcharge):	Fee Description							Fee (\$)	
Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Fee Paid (\$)  Fees Paid (\$)  Fees Paid (\$)  Fees Paid (\$)  Other (e.g., late filing surcharge):								· · · · · · · · · · · · · · · · · · ·	
Total Claims			r 3 (including)	Reissues)					
			Claima Fa	(f) Fa	Doid (ft)			4	
HP = highest number of total claims paid for, if greater than 20.    Indep. Claims				: [3]	e Paru (\$)		-		
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HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets					Paid (\$)			<del> </del>	
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4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge):	Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge):	A OTHER FEE(0)								
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Thurston world	lame (Print/Type) Carl A.Giordano				,		Date 1	1/25/05	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT:

Yao Wang, et al

**GROUP ART UNIT:** 

2143

*U.S.S.N.*:

10/017,304

CONFIRMATION NO.: 7237

FILING DATE:

December 11, 2001

**EXAMINER:** 

England, David E.

CUSTOMER NO.

24227

TITLE:

NETWORK MANAGEMENT FOR REPLICATION OF DATA STORED IN A

DATA STORAGE ENVIRONMENT

## CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

The undersigned hereby	certifies that this document is being placed in the United States mail with first-class postage
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22313-1450 on	, 2005.

Mail Stop: Amendment **Commissioner for Patents** P.O. Box 1450 Alexandria, VA 22313-1450

## **AMENDMENT**

Sir:

This Amendment, which is in response to the Final Office Action mailed August 24, 2005, is deemed timely filed on November 25, 2005 as Thursday November 24, 2005 is a federally mandated holiday. However, if any additional fees are required for consideration of this paper authorization of same may be found in the one originally-executed and one copy of the Transmittal Form filed herewith.